

**SUMMARY FORM
COLLECTIVE BARGAINING AGREEMENT
PUBLIC SECTOR / NON-POLICE & FIRE**

Public Employer: Lower Allouays Creek Board of Education Employee Organization: (LACEA) Lower Allouays Creek Education Association
Base Year Contract Term: _____ New Contract Term: 7/1/2011 - 6/30/2014

Synopsis of Settlement/
Award/Recommendation:

Required direct deposit, Agency Step Provision added, Vertical Step Progression stipulations

| | <u>BASE YEAR</u> (previous agreement) | <u>NEW BASE YEAR</u> (successor agreement) |
|------------------------|--|---|
| Salary: | _____ | _____ |
| Increment: | _____ | _____ |
| % Increase: | <u>0.00%</u> | <u>0.00%</u> |
| Avg. Yield | _____ | _____ |
| per person in dollars: | _____ | _____ |
| Uniforms: | _____ | _____ |
| Boot/Shoe: | _____ | _____ |
| Longevity: | _____ | _____ |
| Holiday Pay: | _____ | _____ |
| Shift Differential: | _____ | _____ |
| Overtime: | _____ | _____ |
| Stipends: | _____ | _____ |
| Bonuses: | _____ | _____ |
| Education: | _____ | _____ |
| EMT: | _____ | _____ |
| Other*: | _____ | _____ |

* Additional Costs: (please list on separate sheet & include in total)

Medical:

| | | |
|----------------|-------|-----------------------|
| Contributions: | _____ | <u>Per chapter 78</u> |
| Cost of Health | _____ | _____ |
| Prescription | _____ | _____ |
| Dental: | _____ | _____ |
| Vision: | _____ | _____ |

| | <u>11-12</u> Year | <u>12-13</u> Year | <u>13-14</u> Year | Year |
|--|---------------------------|--------------------------|---------------------------|--------------|
| Effective Date | | | | |
| % Increase | <u>0.00%</u> <u>2.75%</u> | <u>0.00%</u> <u>2.5%</u> | <u>0.00%</u> <u>2.25%</u> | <u>0.00%</u> |
| Avg. Yield (p/p*) | <u>\$1,664.44</u> | <u>\$1,554.72</u> | <u>\$1,435.36</u> | _____ |
| Cost of Increase/: | _____ | _____ | _____ | _____ |
| Impact of Settlement: | | | | |
| Percentage Impact: | <u>0.00%</u> | <u>0.00%</u> | <u>0.00%</u> | <u>0.00%</u> |
| Actual dollar Impact: | _____ | _____ | _____ | _____ |
| TOTAL BASE SALARY AT END OF EACH YEAR | _____ | _____ | _____ | _____ |

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

Prepared by:

Shannon N. DuBois
Print Name

Title: Business Admin

Signature

Date: 12/26/12